

STATE OF TENNESSEE

OFFICE OF THE
ATTORNEY GENERAL
TOBACCO ENFORCEMENT DIVISION
P. O. BOX 20207
NASHVILLE, TENNESSEE 37202-0207

**NON-PARTICIPATING MANUFACTURER'S
REQUEST FOR "UNITS SOLD" INFORMATION**

I. Company Information

- (a) Non-Participating Manufacturer: _____
- (b) Address: _____
- (c) Telephone: _____
- (d) Fax: _____
- (e) Authorized Representative Making Request: _____

II. Request for "Units Sold" Information

On behalf of the above-identified Non-Participating Manufacturer,

_____, hereby request that the Tennessee Office of
(Authorized Representative)
Attorney General Tobacco Enforcement Division (hereinafter the "State"), disclose the number
of "Units Sold", as defined at Tenn. Code Ann. § 47-31-102(10), for the following brand
families: _____, sold in Tennessee
(NPM Brand Families)
during the following time period: _____.
(year/quarter)

By executing this request form, I acknowledge that the State has the authority to revise its
calculation of the number of Units Sold if any new or amended information is received at any
time. I further acknowledge that the above-identified Non-Participating Manufacturer is required
to track its sales occurring in Tennessee in accordance with Tenn. Code Ann. § 47-31-103.

III. Manufacturer's Totals for Units Sold During _____
(Year/Quarter)

(Please fill out a separate line for each brand family sold by a wholesaler)

Wholesaler Name and Address	Brand Family Sold	Number of Units Sold During _____

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III. Confidentiality Agreement

On behalf of the above-identified Non-Participating Manufacturer, I,

_____, hereby agree not to disclose the Units Sold
(Authorized Representative)
information provided by the State in response to this request, including wholesaler data collected
by the Tennessee Department of Revenue, to anyone other than employees and representatives
of the above-named Non-Participating Manufacturer.

IV. Signature

Authorized Representative

Date